## Filed 02/07/2006 Page 1 of 1 PROCESS RECEIPT AND RETURN

U.S. I	)epartm	ent of Jus	tice
United	l States	Marshals	<b>Service</b>

PLAINTIFF UNITED ST.	ATES OF AMER	ICA							COURT CASE NO 05-CR-1013			
Carmen Lopera, et. al.,							TYPE OF PROCESS FINAL ORDER OF FORFEITURE					
SERVE	NAME OF INDIVIDUA	L, COMPANY	, CORPORAT	ION, E	TC. TO SERVE	OR	DESCRIPTION O	F PROPERTY	TO SEIZE OF COM	NDE (	F Ç	
SERVE	\$50,000.00 United States	s Currency							S	<u>=</u>		
AT	AT ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)								<u></u>	-	14 (14) 14 (14) 15 (14) 15 (14)	1
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:						Number of pr with this Form			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210						Number of pa	rties to be served	<b>3</b> 0,	3			
							vice on U.S.A.	4.				
SPECIAL INSTITUTE Telephone Number	RUCTIONS OR OTHE bers, and Estimated Tim	R INFORMAT les Available F	TION THAT For Service)	WILL	ASSIST IN I	EXPE	DITING SERV	VICE (Include	Business and Alte	rnate A	Address, All	
Please dispos	e of the above-nam	ned asset ac	cording to	the a	ttached Fin	ai C	rder of Fort	feiture and	applicable law			
CATS No.	05-DEA-453962							NES 6	ext. 3280			
Ø PLAINTIFF							TELEPHONE NUMBER DATE (617) 748-3100 1/3/06					
	SPACE BELOW	FOR USE	QF U.S.	MAR	SHAL ON			WRITE B	ELOW THIS	LINI	E	
I acknowledge rece number of process (Sign only first USI one USM 285 is su	indicated. M 285 if more than	Total Process District of Origin District to Serve Signature of Authorized US					uthorized USMS	Deputy or Clerk	_	Date 1/4/0	6	
I hereby certify the individual, co	and return that I □ have ompany, corporation, et	e personally s c. at the addre	erved, $\Box$ has	ve lega	l evidence of son the individu	servio	have exe	cuted as show ration, etc., sh	n in "Remarks", 1 nown at the addres	the process inser	cess described o ted below.	n
☐ I hereby certify	y and return that I am unab	ole to locate the i	individual, com	npany, c	corporation, etc.	, nam	ed above (See ren	narks below).				
Name and title of individual served (If not shown above).								A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)						Date of Se	rvice O	Time		am pm		
								Signature	of U.S. Marshal of I	Deputy	9	
Service Fee	Total Mileage Charges (including endeavors)	Forwardin	g Fee	Total C	harges	Ad	lvance Deposits	Amount O	tied to US Marshal	or A	Amount or Refund	
REMARKS:	Transfer	red t	o The	- (	usset :	fa	Feiture	find.		(i		
PRIOR EDITIONS	S MAY		1 CU	FDK	OF THE C	COL	DT		FORM	TICM 1	285 (Rev. 12/15	/00